

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/97</u>		2 Serial/Patent # <u>08/796164</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		Fee Sheet	2-6-97							
<input type="checkbox"/> Amendment										
<input type="checkbox"/> Extension of Time										
<input type="checkbox"/> Notice of Appeal/Appeal										
<input type="checkbox"/> Petition										
<input type="checkbox"/> Issue										
<input type="checkbox"/> Cert of Correction/Terminal Disc.										
<input type="checkbox"/> Maintenance										
<input type="checkbox"/> Assignment										
<input type="checkbox"/> Other										
		7 TOTAL AMOUNT OF REFUND								
		\$ 2,527. ⁰⁰								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/> Treasury Check								
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td>0</td><td>8</td><td>--</td><td>0</td><td>3</td><td>8</td><td>0</td> </tr> </table>		0	8	--	0	3	8	0
0	8	--	0	3	8	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>C. Barnes</u>		TITLE: <u>AC</u>								
SIGNATURE: <u>C. Barnes</u>		PHONE: <u>308-1202</u>								
OFFICE: <u>Dep't 1</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>David N. Kussel</u>		DATE: <u>6-23-97</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: